

**CHRISTOPHER WAYNE LESTER
MADISON MEDICAL GROUP
RECORDS
14-K**

Patient's Name Christopher P. Ester Date of Exam 5/21/01 Number Page 3

15. OTHER TESTS AND FINDINGS

16. CLINICAL IMPRESSION OF SOMATIC AMPLIFICATION

SCORE

SENSORY EXAMINATION: RESPONSE TO PINPRICK (check)

- 161 No deficit or deficit well localized to dermatome(s) 0 ☐
 Deficit related to dermatome(s) but some inconsistency 1 ☐
 Nondermatomal or very inconsistent deficit 2 ☒
 Blatantly impossible (i.e., split down midline of entire body with positive tuning fork test) 3 ☐

2

162 AMOUNT OF BODY INVOLVED (check)

- <15% 0 ☐ 15-35% 1 ☒ 36-60% 2 ☐ >60% 3 ☐

1

MOTOR EXAMINATIONS (check)

- 163 No deficit or deficit well localized to myotome(s) 0 ☐
 Deficit related to myotome(s) but some inconsistency 1 ☐
 Nonmyotomal or very inconsistent weakness, exhibits cogwheeling 2 ☐
 or giving away, weakness is coachable 3 ☒
 Blatantly impossible, significant weakness which disappears when distracted

3

164 AMOUNT OF BODY INVOLVED (check)

- <15% 0 ☐ 15-35% 1 ☒ 36-60% 2 ☐ >60% 3 ☐

1

TENDERNESS (check)

- 165 No tenderness or tenderness localized to anatomically sensible structure. 0 ☐
 Tenderness not well localized, some inconsistency 1 ☐
 Diffuse or inconsistent tenderness, multiple structures (skin, muscle, bone, etc.) 2 ☒
 Impossible, significant tenderness of multiple structures (skin, muscle, bone, etc.) which disappears when distracted 3 ☐

2

166 AMOUNT OF BODY INVOLVED (check)

- <15% 0 ☐ 15-35% 1 ☒ 36-60% 2 ☐ >60% 3 ☐

1

DIFFERENTIAL STRAIGHT LEG RAISING (SLR)

- 167 The difference between SLR tests performed in the supine and sitting positions (the patient is distracted in the sitting position by examining the bottom of his/her feet). Example: supine SLR positive at 10°, seated SLR positive at 50°, difference = 40°. (check)
 Difference <20° 0 ☐ 20-45° 1 ☐ >45° 2 ☒
 No pain seated, but strongly positive SLR when supine at less than 45° 3 ☐

2

TOTAL SCORE 12

17. COMMENTS

*Twelve above strongly suggests
 symptom magnification*

[Signature]

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Patient's Name

Christopher Foster

Date of Exam

05/24/01

Claim Number

18. RADIOGRAPHIC EXAM

☒ Yes☐ No

Date

Type (Plain, CT, MRI, Myelogram)

Findings (Attach report if available):

C-spine & L-spine + Shoulder
all all normalPatient Position During X-ray: ☐ Recumbent ☐ Weight Bearing ☐ Unknown

19. CLINICAL DIAGNOSIS

(Please indicate appropriate ICD-9 codes and give written description. Generic diagnoses are printed for your convenience; you may substitute other diagnoses. If appropriate, multiple diagnoses can be designated.)

SOFT TISSUE

- ☒ Lumbar sprain/strain (847.2)
☐ Lumbosacral sprain/strain (846.0)
☐ Sacroiliac sprain/strain (846.1)

POSTERIOR JOINTS

- ☐ Facet syndrome (724.8)
☐ Lumbar subluxation (839.20) or segmental dysfunction (739.3) (circle)

DISC

- ☐ Lumbar disc displacement without myelopathy (with or without radiculitis) (722.10)
☐ Lumbosacral radiculitis (724.4)

SACROILIAC

- ☐ Sacroiliitis (720.2)
☐ Sacroiliac subluxation (839.42) or segmental dysfunction (739.4) (circle)

☐ OTHER:

20. RECOMMENDATIONS, OPINION, REFERRALS, TX PLAN OR REDIRECTION:

- 1) Stop taking OXYCONTIN
- 2) A to NSAID'S
- 3) cont. physical therapy
- 4) Papr eval for st magnification

21. AUTHORIZATION(S) REQUESTED FOR:

22. PHYSICIAN'S SIGNATURE

C Foster

DATE

5/21/01

Workers Compensation Division

Patient History - Back Pain

Page 5

USE BLACK INK

To Be Completed by Office Staff

Patient Name: Christopher W. Lecher Physician: Dr. [Signature]

SSN: [Redacted] Address: _____

Date of Injury: 03/11/01 PHYSICIAN MUST SUBMIT THIS FORM WITH LOW BACK EXAM

Date of Birth: [Redacted] Phone: 800 032 054 000

Claim Number: 2000046841 FEIN: _____

Date of Exam: 05/21/01

TO BE COMPLETED BY PATIENT (ASSISTANCE PERMITTED)

Present History

1. What are your problem(s)? Back & Leg Pain2. How did the problem occur? Feel of coal Truck3. Where is the location of the problem/pain? Back head Left shoulder mid & low back both legs and knee4. Have you had this type of complaint before? ☒ Yes ☐ No
When?/Where? Back (mid) back4.1 How did that earlier complaint occur?
Mobile Ram feel on me5. What is the name of your employer?
D & M Trucking5.1 What is the type of business of that company?
Trucking Coast5.2 What was your job title when problem began?
Truck Driver5.3 What was your usual job? (Job Tasks)
Drive Truck Tow Truck maintain truck5.4 Describe your job tasks. Drive Truck work on it and secure load5.5 What job were you performing when problem began?
Pie trip6. Who is your immediate supervisor?
Jerry Cobb 784 2158
Name Phone Number

7. Have you discussed your problem with your supervisor?

☒ Yes ☐ No

8. Is there modified or alternative work at your job?

☐ Yes ☒ No ☐ Don't Know8.1 Are you now working? ☐ Yes ☒ No

8.2 If yes, employer _____

8.3 If yes, your job title _____

9. Your pain is worse in your:

☒ Head ☒ Left Arm ☒ Right Hip☐ Neck ☐ Right Arm ☐ Left Leg☒ Left Shoulder ☒ Back ☒ Right Leg☐ Right Shoulder ☐ Left Hip☐ Other _____

10. Your problem/pain is:

Better Worse No Different

When you urinate or move your bowels..... ☐ ☒ ☐When coughing or sneezing..... ☐ ☒ ☐When you wake up in the morning..... ☐ ☒ ☐In the middle of the night..... ☐ ☒ ☐Mid-day..... ☐ ☐ ☒Evening..... ☐ ☐ ☒Lying..... ☐ ☐ ☒Sitting..... ☐ ☐ ☒Driving..... ☐ ☐ ☒Bending..... ☐ ☐ ☒Standing..... ☐ ☐ ☒Walking..... ☐ ☐ ☒Change of position..... ☐ ☒ ☐

11. Have you been treated for this complaint before now?

☒ Yes ☐ No Where? _____12. What has helped this complaint the most? Nothing

13. What has not helped or made this complaint worse?

Phy. Therapy14.1 Do you get pain at the tip of your tailbone? ☒ Yes ☐ No14.2 Does your whole leg ever become painful? ☒ Yes ☐ No14.3 Does your whole leg ever go numb? ☒ Yes ☐ No14.4 Does your whole leg ever give way? ☒ Yes ☐ No14.5 In the past year, have you had any spells with very little pain? ☐ Yes ☒ No14.6 Have you had any intolerance to your treatment or reaction to treatment? ☐ Yes ☒ No14.7 Have you had an emergency room visit with back trouble since your recent work injury? ☒ Yes ☐ No

500688.015.0343

Claim # _____ Ser _____

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Past History

15. Have you ever had a spine X-ray, CT scan, MRI or myelogram?
 X-ray ☒ Yes ☐ No
 When/Where/Results Spine man. Gen. CMC
 MRI ☒ Yes ☐ No
 When/Where/Results Ashland place
 CT scan ☒ Yes ☐ No
 When/Where/Results CMC man
 Myelogram ☐ Yes ☐ No
 When/Where/Results _____
16. Have you ever been hospitalized for neck, arm, back, hip or leg complaints/pain? ☐ Yes ☒ No
 Which/When/Where _____
17. What other medical problems do you have?
☐ Heart, blood pressure, or circulation problems (circle)
☐ Diabetes ☐ Gout
☐ Arthritis ☐ Cancer
☐ Other None
18. Have you been hospitalized for any of the above problems?
☐ Yes ☒ No
 Which/When _____
19. What medicines are you now taking, including over-the-counter? Oxycontin 40, Flexcil 10, Paril, Ativan, Lamictal

20. Do you have a family doctor? ☒ Yes ☐ No
 Name: Dr. Sander
 Phone No: 769 5170
21. Allergies to food, medicine or other? ☐ Yes ☒ No
 List _____
22. Do you smoke, rub, or chew tobacco? ☐ Yes ☒ No
23. Do you drink beer, wine or liquor? ☐ Yes ☒ No
 How Much? _____
- 23.1 Ever have an alcohol problem? ☐ Yes ☒ No
24. Do you drink coffee or tea or caffeine drinks?
☒ Yes ☐ No How much per 24 hours? 1 cup
25. How much formal education do you have?
☐ College or higher (specify) _____
☒ Vocational Training
☒ High School Diploma
☐ GED
☐ Grade Completed _____
26. Do you have other family members with serious back or neck problems? ☒ Yes ☐ No
 Are they disabled? ☒ Yes ☐ No
27. Any additional comments: _____

Where is your pain? How does it feel? Draw your pain using the following key. Do not indicate areas of pain which are not related to your present injury or condition. Draw in your face.

KEY

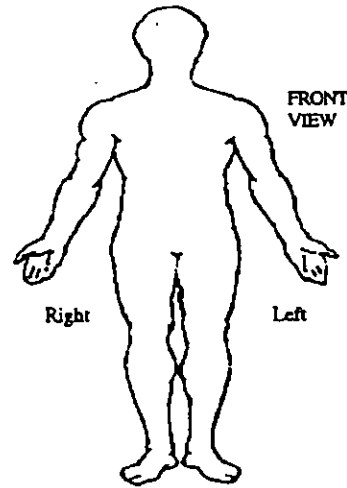
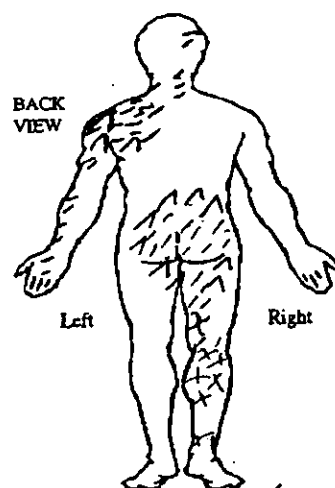
Stabbing ///

Burning X X X

Pins O O O
and NeedlesAching, ^ ^ ^
Throbbing

Numbness = = =

Other . . .



Signature of person completing form

If signature is not of patient, then state relationship to patient

Date

05-21-01

500688.015.0344

auth/1-4-01/*8

** VENDOR COPY **

1024458

Bob Wise
Governor

Robert J. Smith
Commissioner



West Virginia Bureau of Employment Programs

• Job Service/Job Training Programs • Labor Market Information
• Unemployment Compensation • Workers' Compensation
an equal opportunity/affirmative action employer

May 28, 2001

MADISON MEDICAL PLLC
705 MADISON AVENUE
MADISON, WV 25130

CHRISTOPHER W LESTER SR
P.O. BOX 1113
DANVILLE, WV 25053

Re: Claim 2000046841
S.S.N. [REDACTED] 3340
D.O.I. 03/10/2000

PLEASE READ CAREFULLY - AUTHORIZATION DECISION

The request from RIAZ RIAZ UDDIN MD dated 05/24/2001, is Approved.

authorization for change of medications Effexor XR 75, Valium 5mg, and Pamelor 50mg **further consideration upon receipt of the request from the physician**

Authorized Dates are 05/25/2001 through 06/24/2001.

Your authorization number is 300030025.

For procedures, such as surgery, that are authorized and require multiple providers, the attending physician should share the authorization number with those providers to assure payment of their bills.

If it is later determined you are not entitled to authorized services, payment will be recovered.

Any party to this claim may protest this decision within 30 days from the date you receive this letter. You must send a written protest, along with a copy of this order, to the Office of Judges, P.O. Box 2233, Charleston, WV 25328-2233 and to the Supervisor, Claims Defense Litigation, P.O. Box 4317, Charleston, WV 25364-4317. Copies must also be sent to all other parties to the claim.

After the protest is filed, all parties may negotiate a final settlement of any and all issues in a claim, excluding medical benefits. To inquire about settling this claim, contact Workers' Compensation Internal Management Services, Settlement Unit, at P. O. Box 3587, Charleston, WV 25336-3587.

If you have any questions or concerns, you may reach me at 304-926-5097.

CC: D & M TRUCKING CORPORATION INC
RIAZ RIAZ UDDIN MD
KOZAK JOHN H
RIAZ RIAZ UDDIN MD
VASS VOCATIONAL SERVICES

Workers' Compensation Division
BY: Nena Peay
Claims Representative 3/Senior

RECEIVED MAY 30 2001

Workers' Compensation Division - Office of Claims Management
Post Office Box 431 Charleston West Virginia 25322-0431 • <http://www.state.wv.us/bep>

500688.015.0345

Patient: Christopher Lester Date: _____
 Social Security No.: ██████████ 3340
 Birth Date: ██████████ 7/1

PHYSICAL CAPACITIES

PLEASE CHECK THE NUMBER OF HOURS THE PATIENT IS ABLE TO PERFORM THE FOLLOWING:

Total hours per day
 SIT 1
 STAND 2
 WALK 1

Total hours at one time
 SIT 1
 STAND 1
 WALK 1/2

Percentage of usual workday

Patient is able to:

	Not at All 0%	Occasionally 1%-33%	Frequently 34%-66%	Continuously 67%-100%
Bend/Stoop	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Squat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawl	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climb	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reach above shoulder level	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Balance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Percentage of usual workday

Patient is able to use head and neck:

	Not at All 0%	Occasionally 1%-33%	Frequently 34%-66%	Continuously 67%-100%
Extension movements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Static position	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rotation movements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexing movements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*500.00
 Copied for ps
 to pick-up
 30*

*updated
 form*

Patient Name: _____

Patient is able to carry:		Patient is able to Lift:	
Up to 10 pounds	Yes or No	Up to 10 pounds	Yes or No
11-24 pounds	Yes or No	11-24 pounds	Yes or No
25-34 pounds	Yes or No	25-34 pounds	Yes or No
35-50 pounds	Yes or No	35-50 pounds	Yes or No
51-74 pounds	Yes or No	51-74 pounds	Yes or No
75-100 pounds	Yes or No	75-100 pounds	Yes or No

Patient is able to use lower extremities and feet for repetitive movements as in operating foot controls.

Right Yes or No

Left Yes or No

Name of Physician: John M. Sawyer D.D.

(Printed)

Address: 225 Madison AveMadison Ave 21220

Signature: _____

Date: 5-30-01

auth/09-24-98/*8

** VENDOR COPY **

1024458

Bob Wise
Governor

Robert J. Smith
Commissioner



West Virginia Bureau of Employment Programs

• Job Service/Job Training Programs • Labor Market Information
• Unemployment Compensation • Workers' Compensation
an equal opportunity/affirmative action employer

April 2, 2001

MADISON MEDICAL PLLC
705 MADISON AVENUE
MADISON, WV 25130

CHRISTOPHER W LESTER SR
P.O. BOX 1113
DANVILLE, WV 25053

Re: Claim 2000045841
S.S.N. [REDACTED] 3340
D.O.I. 03/10/2000

PLEASE READ CAREFULLY - AUTHORIZATION DECISION

The request from MADISON MEDICAL PLLC dated 03/14/2001, is Approved.

authorization for the medication Oxycontin 40mg **further consideration will require a detailed medical report with weaning and tapering attempts, or plan to do the same**

Authorized Dates are 03/30/2001 through 06/30/2001.

Your authorization number is 300012223.

For procedures, such as surgery, that are authorized and require multiple providers, the attending physician should share the authorization number with those providers to assure payment of their bills.

If it is later determined you are not entitled to authorized services, payment will be recovered.

Any party to this claim may protest this decision within 30 days from the date you receive this letter. You must send a written protest, along with a copy of this order, to the Office of Judges, P.O. Box 2233, Charleston, WV 25328-2233 and to the Supervisor, Claims Defense Litigation, P.O. Box 4317, Charleston, WV 25364-4317. Copies must also be sent to all other parties to the claim.

After the protest is filed, all parties may agree to seek mediation services. If so, you may contact the Mediation Unit at P.O. Box 2964, Charleston, WV 25330-2964.

If you have any questions or concerns, yWorkers' Compensation Division7.

BY: Mena Peay

CC: D & M TRUCKING CORPORATION INC
KOZAK JOHN H
VASS VOCATIONAL SERVICES

Claims Representative 3/Senior

RECEIVED APR 03 2001

Workers' Compensation Division - Office of Claims Management

--- (21) Charleston, West Virginia 25377-0431 • <http://www.state.wv.us/bep>

500688.015.0348

Arrived By:

Triage Time:

Date:

Allergies:

Family Physician:

Dr. Notified:

Addressograph

TRIAGE

BP 180/140	HR 178	P 72	Resp.	Norm	Slow	Labored	Rapid	Apneic	Stridor	Shallow	Wt.				
Chief Complaint: C/o back pain & leg pain - Chronic back pain Pain med not helping															
Wound Assessment (if applicable)									Comfort Level: 3-4						
Onset: aft. surgery			Pain Scale:			1	2	3	4	5	6	7	8	9	10
Triage Level:			Emergent			Urgent			Non-Urgent						
Disposition			Waiting Room			Exam Room			Time:						

Triage Nurse Signature

ASSESSMENT

Color	Normal	Pale	Dusky	Cyanotic	Motil
Skin	Warm	Bry	Hot	Cool/Cold	Clammy
Breath	Clear	Wheezing	Rales	Rhonchi	
Sounds:	Diminished	Congested	Other:		
Mental Status:	Alert	Oriented	Confused	Unresponsive	Lethargic
Mobility:	Ambulatory	W/C Confined	Stretcher	Crawls	Unsteady Gait
Daily Meds					Assistive Device
Medication	Route/Freq.	Medication	Route/Freq.	Medication	Route/Freq.
Painoxone BID		Dysport 10mg	TID		
Zantac					
OT Warfep BID					
Infernal 1mg	TID				

Dates of Last Exams/Injections:

Mamo	Rectal Exam	Pneumonia	LMP
Pap/Pelvic	Tetanus	PPD/Tine	Other.
Gray	Flu	Up to Date	

Glasgow Coma Scale (GCS)			
Adult		Pediatrics	
Spontaneous	4	Spontaneous	4
Voice	3	Voice	3
Pain	2	Pain	2
None	1	None	1
Obeys	6	Norm. Spont. Mvmt.	6
Localizes Pain	5	Withdraws from touch	5
Withdraws to Pain	4	Withdraws from Pain	4
Flexion	3	Abnormal Flexion	3
Extension	2	Abnormal Extension	2
None	1	None	1
Oriented	5	Coos, babbles	5
Confused	4	Irritable/Cries	4
Inappropriate	3	Cries to Pain	3
Incomprehensible	2	Moans to Pain	2
None	1	None	1

Health & Social History

P - Personal
F - Family

(Check all that apply)

P	F		P	F	
		Diabetes			Heart Attack
		Artery Disease			Alcohol
		Cancer			Tobacco
		High Blood Pres.			Drugs
		Stroke			Caffeine
					Other: Cigarettes

Surgeries:

Nurse Signature:

[illegible]

500688.015.0350

BOONE MEMORIAL HOSPITAL MADISON WV 25130 -

EMERGENCY DEPARTMENT
Nursing Progress Notes

CHART COPY

MD TIME OF ORDERS	MEDS	PHYSICIANS ORDERS	SITE	TIME DONE	INITIALS	LAB	EKG
		Demoral 50mg Vistaril 50mg Xanax		05:54	DRN	<input type="checkbox"/> CBC <input type="checkbox"/> UA <input type="checkbox"/> CHEM 6 <input type="checkbox"/> CREATININE <input type="checkbox"/> URIC ACID <input type="checkbox"/> CALCIUM <input type="checkbox"/> T. BIL <input type="checkbox"/> T. PROTEIN <input type="checkbox"/> ALBUMIN <input type="checkbox"/> ALT <input type="checkbox"/> AST <input type="checkbox"/> LDH <input type="checkbox"/> CK <input type="checkbox"/> PHOS <input type="checkbox"/> TGL <input type="checkbox"/> CHOL <input type="checkbox"/> ALK PHOS <input type="checkbox"/> CKMB <input type="checkbox"/> THEO <input type="checkbox"/> DILANTIN <input type="checkbox"/> PHENOBARB <input type="checkbox"/> DIGOXIN <input type="checkbox"/> ACETAMIN	<input type="checkbox"/> EKG <input type="checkbox"/> DRUG SCREEN <input type="checkbox"/> ETOH <input type="checkbox"/> STREP SCREEN <input type="checkbox"/> GC CULTURE <input type="checkbox"/> CHLAMYDIA SCRE <input type="checkbox"/> KOH SMEAR <input type="checkbox"/> NaCl SMEAR <input type="checkbox"/> SPUTUM CULTUR <input type="checkbox"/> HEMOCCULT <input type="checkbox"/> AMYLASE <input type="checkbox"/> BLOOD C/SX <input type="checkbox"/> PT <input type="checkbox"/> PTT
						TIME/INITIALS:	
						X-RAY / OTHER DIAGNOSTICS	
						<input type="checkbox"/> CHEST	
						<input type="checkbox"/> FLAT & UPRIGHT ABDOMEN	
						<input type="checkbox"/> SKULL	
						<input type="checkbox"/> LUMBAR SPINE	
						<input type="checkbox"/> CERVICAL SPINE	
TIME	TREATMENTS & PROCEDURES	SIGNATURE	RESPONSE				
10:01	Discharge Instructions taught, signed & copy to pt. Rates pain @ 10 + pain medication given 5 minutes ago. YSS.						
MONITOR STRIP INTERPRET:							
X-RAY INTERPRET							
EKG INTERPRET							
LAB RESULTS	CHEM 8	CK	CKMB	LDH	WBC	ABG	pH / pCO ₂
OTHER							
URINALYSIS:							
SG							
CHEM							
NITRITE							
Discharge Instructions:				After discharge care sheet: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Time Out 10:01			
① Follow up with Dr. [Signature]				Course of Patient in Emergency Dept: <input checked="" type="checkbox"/> Unremarkable <input type="checkbox"/> Unimproved			
② Call me home if not better				<input type="checkbox"/> Expted			
③ Continue home meds				Condition On Discharge: <input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Fair			
				<input checked="" type="checkbox"/> Good <input type="checkbox"/> Poor			
				Disposition of Case: <input checked="" type="checkbox"/> Admitted <input type="checkbox"/> Transferred			
				<input checked="" type="checkbox"/> Home <input type="checkbox"/> Other			
REFERRED TO DR.	NURSE SIGNATURE	DIAGNOSTIC IMPRESSION					
		LBP					
DISCHARGE CONDITION	DOCTOR SIGNATURE						
PATIENT NO.	MEDICAL RECORD NO.	FINANCIAL TYPE	RELIGION	MODE OF ARRIVAL	REGISTRATION DATE	TIME	REG
0692388	000104551	WORK/COMP	OTHER		05/22/01	20:41	
PATIENT NAME	AGE	DATE OF BIRTH	SEX	RACE	MARITAL STATUS	SOCIAL SECURITY NO.	
LESTER CHRISTOPHER WAYNE	29	5/71	MALE	WHITE	MARRIED		
MAILING ADDRESS	COUNTY OF RESIDENCE	NOTIFY IN CASE OF EMERGENCY		RELATIONSHIP			
PO BOX 1113	BOONE	LESTER CHARLES (DAD)		DEBT			
HOME ADDRESS	HOME PHONE	EMERGENCY CONTACT'S ADDRESS		STATE			
	804-389-6657			Z			
CITY	STATE	ZIP CODE	ADMIT TYPE	EMPLOYMENT	PHONE		
DANVILLE	WV	25053	EMERGENCY	D & M TRUCKING			
FATHER'S NAME (IF MINOR)			ADMIT SOURCE		MOTHER'S NAME (IF MINOR)		
			EMERGENCY ROOM				

500688.015.0351



500688.015.0352

SERVICE		MEDICAL		FIC		PEIA	
ADMISSION BOONE MEMORIAL HOSPITAL 701 MADISON AVENUE MADISON, WEST VIRGINIA 25130				MED. REC. NO.		TYPE	
PATIENT INFORMATION: LESTER CHRISTOPHER WAYNE PO BOX 1113 DANVILLE				000104551		IN	
SOC. SEC. NO.: [REDACTED] 3340 RACE: WHITE				ADMITTING PHYSICIAN:		PATIENT	
MARITAL STATUS: MARRIED				SNYDER JOHN MARK		ARRIVED BY	
RELIGION: OTHER				ADMITTED BY: CSH		DISCHARGED	
DATE OF BIRTH: 12/23/1971				DATE:		TIME:	
PLACE OF BIRTH: WV 25053				11/30/00		11:34:52	
FATHER'S NAME:				LENGTH OF STAY		DAYS	
ADMITTING PHYSICIAN: <i>Portusian Thoracic & Spine C. Intractable Pain</i>				NOTIFY IN CASE OF EMERGENCY:		RELATIONSHIP:	
PATIENT OCCUPATION/EMPLOYER & ADDRESS: D & M TRUCKING				LESTER CHARLES (DAD)		PHONE NO.: 304-369-2432	
SPOUSE: LESTER APRIL				SPOUSE EMPL:		SUBSCRIBER:	
PHONE NO.: 304-369-6657				PHONE NO.:		SUBSCRIBER:	
NAME OF INSURANCE CO.: PEIA/ACORDIA				POLICY NO.: [REDACTED] 9969		GROUP NO.: WVA PEIA	
NAME OF INSURANCE CO.:				POLICY NO.:		GROUP NO.:	
NAME OF INSURANCE CO.:				POLICY NO.:		GROUP NO.:	
EFFECTIVE DATE:				MEDICAID NO.:		ADDITIONAL COMMENTS:	
MEDICARE NO.:				MEDICAID NO.:		ADDITIONAL COMMENTS:	

MEDICAL RECORDS

BOONE MEMORIAL HOSPITAL
HISTORY AND PHYSICAL

PATIENT NAME: LESTER, CHRISTOPHER MR#: 104551 DATE: 11/30/2000
PHYSICIAN: J. MARK SNYDER, D.O.

CHIEF COMPLAINT: Back pain.

HISTORY OF CHIEF COMPLAINT: Mr. Lester is a 28-year-old white male with a history of chronic low back and leg pain secondary to compensable injury. He was walking down steps when his right leg gave out from under him, and he fell backwards, striking his back on the steps. He immediately had severe pain in his back with difficulty walking. He came directly to the emergency room. The states the pain is in the middle to low back, no radiation, no progressive weakness in his legs. He experienced no incontinence.

PAST MEDICAL HISTORY: Significant for chronic low back and left shoulder pain secondary to work injuries. Negative for known history of myocardial infarction, stroke, cancer, or diabetes. He has been recently suffering from some depression.

ALLERGIES: ALLERGIES GIVEN AS NONE.

MEDICATIONS: Oxy-Contin 20 mg two times per day to three times per day, Vicodin prn severe pain, Paxil 20 mg once daily, Ativan prn.

SOCIAL HISTORY: The patient is a nonsmoker and nondrinker. He is married and lives with his wife and one child.

FAMILY HISTORY: Noncontributory.

REVIEW OF SYSTEMS: Consistent with above.

PHYSICAL EXAMINATION:

GENERAL APPEARANCE: An alert and oriented white male in moderate pain.

VITAL SIGNS: Stable.

SKIN: Warm and dry with adequate turgor, no abnormal lesions.

HEENT: Within normal limits.

NECK: Supple.

LUNGS: Lung fields were clear.

HEART: Regular.

ABDOMEN: Obese. Active bowel sounds.

EXTREMITIES: Present times four with no cyanosis, deformity, or edema. He had limited motion of the left shoulder, especially internal and external rotation. He had difficulty with straight leg raising. The deep tendon reflexes were symmetrical.

BACK: Examination of the back shows no outward contusions. There is point tenderness down the lower dorsal spine.

NEUROLOGIC: The patient is alert and oriented to person, place, and time with no focal lateralizing signs.

Continued ...


DOCTOR'S OFFICE COPY

HISTORY AND PHYSICAL

500688.015.0354

BOONE MEMORIAL HOSPITAL
HISTORY AND PHYSICAL

PATIENT NAME: LESTER, CHRISTOPHER MR#: 104551 DATE: 11/30/2000
PHYSICIAN: J. MARK SNYDER, D.O.

CONTINUATION- PAGE 2

LABORATORY DATA: X-rays suggest a wedge deformity of T11, unsure if it is new or old.

ASSESSMENT:

1. Severe back contusion.
2. Underlying chronic low back and shoulder pain.

PLAN: Admission for pain control, physical therapy as necessary.

J. MARK SNYDER, D.O.

JMS:mrs/MT
D: 12/31/2000
T: 12/31/2000

DOCTOR'S OFFICE COPY

HISTORY AND PHYSICAL

500688.015.0355

BOONE MEMORIAL HOSPITAL
DISCHARGE SUMMARY

PATIENT NAME: LESTER, CHRISTOPHER MR#: 104551 PHYS: SNYDER
DATE OF ADMISSION: 11/30/2000 DATE OF DISCHARGE: 12/04/2000

PERTINENT LABORATORY, ELECTROCARDIOGRAM, AND X-RAY FINDINGS: The chest x-ray on admission was negative. X-ray of the dorsal spine suggested a wedge deformity at T11, not sure if it is old. The left rib study was negative, right rib study was negative. Lumbar spine x-rays were negative. Cervical spine x-rays were negative. The urinalysis was clear.

COURSE IN THE HOSPITAL: The patient was admitted to the general medical floor. He was given Oxy-Contin 10 mg three times per day along with Elavil 25 mg at hour of sleep, Paxil 20 mg daily, Demerol 50 mg intravenous every 4-6 hours, Ativan 0.5 mg two times per day. Over the course of the next couple of days, his pain very gradually resolved to the point of tolerable with medications. He developed a productive cough and was placed on Alupent.

When stable and ambulatory, he was discharged to home to continue rest. He will continue Oxy-Contin at 40 mg three times per day, Vicodin ES to supplement Oxy-Contin if necessary for pain. He will be maintained on a Z-Pak. He will use his regular medications. He is re-appointed to follow up with me in the office in seven days.

J. MARK SNYDER, D.O.

JMS:mrs/MT
D: 12/31/2000
T: 12/31/2000

DOCTOR'S OFFICE COPY



DISCHARGE SUMMARY

500688.015.0356

Addressograph Stamp
 0674324 04551 22
 LESTER CHRISTOPHER 11/30/71
 PO BOX 1113 369-6657
 DANVILLE WV 25053
 3340 AGE 28 11/30/71
 DIET: Follow Instructions Check with M

oone Memorial Hospital
DISCHARGE INSTRUCTION SHEET
 DATE: _____

RECEIVED DEC 05 2000

- ☐ Regular ☐ Soft
☒ Caloric ☐ Liquid
☐ Caloric Diabetic ☐ Low Fat

☐ Avoid Spicy Food, Alcohol, Tobacco

☐ Low Salt Diet

☐ Other: _____

ACTIVITY:

- ☐ Normal, unrestricted ☐ Bedrest ☐ May go back to work on: ☒ No lifting, straining

Date: _____

- ☐ Avoid intercourse till further instruction ☐ Encourage as tolerated ☐ May not go back to work ☐ Limit to: _____

WOUND CARE:

Call your doctor if you suspect wound infection (fever, redness, pain, drainage)

- ☐ Keep wound clean and dry
☐ Change dressings ☐ Daily ☐ Twice a Day ☐ Three times a Day ☐ As needed
☐ Apply medication to wound as ordered: _____

MEDICATION:

- ☐ Medication you take may make you drowsy. DO NOT drive or operate machinery.
☐ Do not drink alcohol beverages or take other sedatives, tranquilizers without your doctors recommendation.
☒ Do not take aspirin or any medication which contains aspirin (including Anacin, Bufferin, Alka-Seltzer). Ask for your doctor's recommendation.

- ☐ You are on the following medications:

Medication	Strength	Dosage	Frequency
Chlorzoxazone	100	3 + 4 hr	as needed
Hydrocodone	5 mg	as directed	
Penicillin	250	4 times daily	

- ☐ Other Instruction: _____

FOLLOW-UP INSTRUCTIONS:

- ☐ Return to hospital
☐ Appt. to See Dr. _____
☐ See Dr. Paula
☐ No appointment needed

On: _____ At: _____ ☐ a.m. ☐ p.m.

On: _____ At: _____ ☐ a.m. ☐ p.m.

In 7 days. Call 369-1110 for appt.

Your Signature: _____
 I understand and have received a copy of these instructions.

Physician's Signature: _____ Nurse Signature: Donna J. Ph.D. M.D. R.N.

BOONE MEMORIAL HOSPITAL

Pt Name: Lester, Chris
 Triage Time: 11:20 AM
 Date: 7-30-03
 Mode of Arrival: Left Amb
 Known Allergies: NKA
 Family Physician: Shades
 Time Dr. Notified: _____

Chief C/O: walking down steps
& leg went out from
under him. Pain in
back rad. to Lt. hip
lt. shoulder

RN SITE ASSESSMENT:

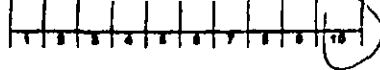
Duration/Onset of Chief C/O: _____

Nursing Observations:

Wound-Incision Drainage/Discharge

Color	Amount	Odor	Swelling

Pain Scale

Triage Level: Please check one
(Determines Priority Level)

Level I	Level II	Level III	Level IV
Illness or injury likely to cause permanent brain injury or death within 1 hr.	Illness or injury likely to produce permanent organ injury or death with 24 hr - almost always requires lab & X-rays.	Illness or injury causing damage or suffering if not treated in 24 hr - Often needs lab & X-ray.	Stable in nature and could be treated in a physician's office.

L. rotator cuff

PMH: old comp. Fr. L.

Skin/Color (Circle all that apply)

<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Pale	<input type="checkbox"/> Dusky	<input type="checkbox"/> Cyanotic
<input type="checkbox"/> Warm	<input type="checkbox"/> Dry	<input type="checkbox"/> Hot	<input type="checkbox"/> Moist
<input type="checkbox"/> Cold	<input type="checkbox"/> Clammy	<input type="checkbox"/> Flaky	

V/S BP 100/70 HR 75 RR 18 Intake 1C

Glasgow Coma Scale (GCS)

ADULT		PEDIATRICS	
Spontaneous	4	Spontaneous	4
Voice	3	Voice	3
Pain	2	Pain	2
None	1	None	1
Obeys	6	Normal Spont. Mvmt.	6
Localizes Pain	5	Withdraws from touch	5
Withdraws to Pain	4	Withdraws to Pain	4
Flexion	3	Abnormal Flexion	3
Extension	2	Abnormal Extension	2
None	1	None	1
Oriented	5	Cries, babbles	5
Confused	4	Irritable/Cries	4
Inapprop.	3	Cries to Pain	3
Incomprehensible	2	Moans to Pain	2
None	1	None	1

RN Signature: [Signature]

Interim Nursing Assessment Documentation

(Document and Time: treatments, procedures, observations, assessments, & unusual events)

Oxycodone 20-bid
Flavil 25-bid
Paxil 20-bid

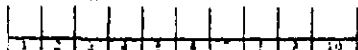
(See nurse narrative pg for additional notes)

Discharge Triage

Time: _____ BP _____ T _____ P _____ Resp: _____ Instructions Given: _____ yes _____ No Improvement Seen? _____ yes _____ No

Disposition of Patient: _____

Pain Scale:



Nurse Signature: _____

BOONE MEMORIAL HOSPITAL MADISON, WV 25130										CLIN	
ATTEND NO.	MEDICAL RECORD NO.	FINANCIAL TYPE	RELIGION	NOT	ARRIVAL	REGISTRATION DATE	TIME	DATE	REGISTERED		
0674824	000106551	WORK COMP	OTHER			11/30/01		11:24			
PATIENT NAME LESTER CHRISTOPHER WAYNE				AGE 28	DATE OF BIRTH /71	SEX MALE	RACE WHITE	MARITAL STATUS MARRIED	SECONDARY NO. 334		
MAILING ADDRESS PO BOX 1113				COUNTY OF RESIDENCE BOONE		NOTIFY IN CASE OF EMERGENCY LESTER CHARLES (DAD)		RELATIONSHIP			
HOME ADDRESS				HOME PHONE 304-369-6657		EMERGENCY CONTACT'S ADDRESS		STATE WV			
CITY DANVILLE				STATE WV	ZIP CODE 25053	ADMIT TYPE ELECTIVE	EMPLOYMENT D & M TRUCKING	PHONE			
FATHER'S NAME (IF MINOR)				ADMIT SOURCE EMER ROOM		MOTHER'S NAME (IF MINOR)					
GUARANTOR'S NAME LESTER CHRISTOPHER WAYNE				PATIENT'S RELATIONSHIP TO GUARANTOR SELF		EMPLOYMENT STATUS FULL TIME		EMPLOYEE I.D. NO.			
GUARANTOR'S MAILING ADDRESS PO BOX 1113				GUARANTOR'S HOME PHONE 304-369-6657		EMPLOYER'S NAME D & M TRUCKING		EMPLOYER'S PHONE			
GUARANTOR'S HOME ADDRESS				GUARANTOR'S SOCIAL SECURITY NO. 3340		EMPLOYER'S LOCATION: STREET, CITY, STATE, AND ZIP CODE					
CITY DANVILLE				STATE WV	ZIP CODE 25053	GUARANTOR NO. 0009467		SOCIAL SECURITY NO.			
GUARANTOR'S EMPLOYER'S NAME D & M TRUCKING				GUARANTOR'S EMPLOYER'S PHONE		SPOUSE INFO		SOCIAL SECURITY NO.			
GUARANTOR'S EMPLOYER'S LOCATION: STREET, CITY, STATE AND ZIP CODE						ADDRESS		OFF PHONE			
						EMPLOYMENT		JOB PHONE			
INSURANCE COMP/PRO FEE				POLICY HOLDER LESTER CHRISTOPHER W		INSURED RELATION SELF		POLICY NO. 3340			
GROUP POLICY NAME 2000046841				COMMENTS							
SECONDARY INS. CO. NAME COMP/US				POLICY HOLDER LESTER CHRISTOPHER W		INSURED RELATION SELF		POLICY NO. 3340			
GROUP POLICY NAME 2000046841				COMMENTS							
TERTIARY INS. CO. NAME				POLICY HOLDER		INSURED					
GROUP POLICY NAME				GROUP POLICY NO.		COMMENTS					
MEDICARE NO.		MEDICAID NO.		LAST T.T.		LMP		PARITY			
								WT.			
ALLERGIES FALL BACK PAIN											
R.M.D. CHANAA ZIA PVT M.D.											

PHARMACY

IV Start Pack
Clear Cath
J-Loop
Pump Set (Non-Filtered)
Pump Set (W/Filter)
Pump Charge
Control A Flow
Secondary Set
Vented Sol Set (Micro-Drip)
Blood Set
Interlink Inj Site
Irrigation Cap
Spike Adapter
Y-Type Adapter Set
Other

CENTRAL SUPPLY

Pelvic Exam
Rectal Exam
Laceration (Minor)
Laceration (Major)
Urinalysis—Mid Stream, Fem. Cath, St. Cath.
Foley Tray
Eye Irrigation
02
Nebulizer Tx
GI or OD
Burn
Other

PHYSICIAN'S ORDER SHEET

ORDERS: <small>Another brand of a generically equivalent product identical in dosage form and content of active ingredient may be administered unless checked.</small>		DATE	TIME	START	DRUG ALLERGIES	START NEW ORDERS BELOW
11/30/00	1400			Admit to: Acute Care, Snyder's Service Dx: Contusion Thoracic region & intractable pain Condition: Stable Allergy: Demers Vitals: Q2H x 4 then protocol all & pulse Ox Activity: Bedrest & bedside commode Diet: Regular IV: Maintain medlock Meds: ① Oxycotin, 2mg TID		Christopher Lester 674824 22
DRUG ALLERGIES Demers						① Be sure No. shows before WRITING
DATE	TIME	START		② Elavil, 25mg QHS ③ Paxil, 20mg BID ④ Demersol, 50mg IVP Q4-6H PRN pain (Severe) ⑤ Colase, 100mg BID ⑥ Ativan, 0.5mg BID		② Be sure No. shows before WRITING
DRUG ALLERGIES						③ Be sure No. shows before WRITING

500688.015.0360

BOONE MEMORIAL HOSPITAL MADISON, WV 25130

CLINIC
Nursing Progress Notes

CHART COPY

WT.	TRIAGE LEVEL III	CHECK IF NEGATIVE	OBJECTIVE FINDINGS/EXAMINATION:
T.	P.	R.	LMP.
BP	GCS	PAINSCALE	DERM <input type="checkbox"/>
SUBJECTIVE FINDINGS/CHIEF COMPLAINT			GU <input type="checkbox"/>
			GI <input type="checkbox"/>
			COR <input type="checkbox"/>
			RESP <input type="checkbox"/>
			ENT <input type="checkbox"/>
			MSK <input type="checkbox"/>
			NERV <input type="checkbox"/>
			OPHTH <input type="checkbox"/>

TIME PHYSICIAN
NOTIFIED:TIME
SEEN: 1140

MD TIME OF ORDERS	MEDS	PHYSICIANS ORDERS	SITE	TIME DONE	INITIALS
		Demerol 75mg IM Rt. glute.			DRK
1330		Toradol 60mg Vistaril 30mg			
		> IM	hip	140p	mmw

DIAGNOSTIC STUDIES

G-spine c/c
T-spine
L-spine
bil. ribs

TIME	TREATMENTS & PROCEDURES	SIGNATURE	RESPONSE	PROBLEM LIST

Alter discharge care sheet: <input type="checkbox"/> Yes <input type="checkbox"/> No	Time Out	DIAGNOSTIC IMPRESSION
Course of Patient: <input type="checkbox"/> Unremarkable <input type="checkbox"/> Unimproved	<input type="checkbox"/> Expired	Contusion T-spine = intractable pain
Condition On Discharge: <input type="checkbox"/> Excellent <input type="checkbox"/> Fair	<input type="checkbox"/> Good <input type="checkbox"/> Poor	PLAN/TREATMENT:
Disposition of Case: <input type="checkbox"/> Admitted <input type="checkbox"/> Transferred	<input type="checkbox"/> Home <input type="checkbox"/> Other	Admit Snyder's Service
REFERRED TO DR.	NURSE SIGNATURE	
DISCHARGE CONDITION	DOCTOR SIGNATURE	

PATIENT NO. 0674824	MEDICAL RECORD NO. 000104551	FINANCIAL TYPE WORK COMP	RELIGION OTHER	DATE OF BIRTH 11/30/70	SEX MALE	RACE WHITE	MARRITAL STATUS MARRIED
PATIENT NAME LESTER CHRISTOPHER WAYNE		AGE 28	DATE OF BIRTH 11/30/70	SEX MALE	RACE WHITE	MARRITAL STATUS MARRIED	
MAILING ADDRESS PO BOX 1113		COUNTY OF RESIDENCE BOONE	NOTIFY IN CASE OF EMERGENCY LESTER CHARLES (DAD)				
HOME ADDRESS		HOME PHONE 804-369-6657	EMERGENCY CONTACT'S ADDRESS				
CITY	STATE WV	ZIP CODE 25053	ADMIT TYPE EFFECTIVE	EMPLOYMENT D & M TRUCKING			

500688.015.0361

P. 1

* * * Transmission Result Report (MemoryTX) (May. 8. 1996 11:28PM) * * *

File No. Mode	Destination	Pg(s)	Result	Page Not Sent
5937 Memoir TX	13049266092	P. 2	OK	

Reason for error
 E.1) Hang up or line fail
 E.3) No answer

E.2) Busy
 E.4) No facsimile connection

MADISON MEDICAL, P.L.L.C
 705 MADISON AVE.
 MADISON, WV 25130
 PHONE (304) 369-5170 FAX (304) 369-1742

FAX COVER SHEET

TO: Workers Comp
 FROM: Dublin / Dr. John Snyder
 RE: Christopher Lester
 NUMBER OF PAGES INCLUDING COVER SHEET: 2
 DATE: 11-16-01
 ADDITIONAL COMMENTS: Rx Auth

CONFIDENTIALITY NOTICE: THE DOCUMENTS ACCOMPANYING THIS FACSIMILE TRANSMISSION CONTAIN CONFIDENTIAL INFORMATION BELONGING TO THE SENDER WHICH IS LEGALLY PRIVILEGED. IF YOU ARE NOT THE INTENDED RECIPIENT YOU ARE HEREBY NOTIFIED THAT ANY DISCLOSURE, COPYING, DISTRIBUTION OR TAKING OF ANY ACTION IN RELIANCE ON THE CONTENTS OF THIS TELECOPIED INFORMATION IS STRICTLY PROHIBITED. IF YOU RECEIVED THIS FACSIMILE IN ERROR PLEASE NOTIFY US BY TELEPHONE 304-369-5170 TO ARRANGE THE RETURN OF THE ORIGINAL DOCUMENTS TO US, THANKYOU.

500688.015.0362

MADISON MEDICAL, P.L.L.C
705 MADISON AVE.
MADISON, WV 25130
PHONE (304) 369-5170 FAX (304) 369-1742

FAX COVER SHEET

TO: Workers Comp

FROM: Debra / Dr. John Snyder

RE: Christopher Lester

NUMBER OF PAGES INCLUDING COVER SHEET: 2

DATE: 11-16-01

ADDITIONAL COMMENTS: Rx Auth

CONFIDENTIALITY NOTICE: THE DOCUMENTS ACCOMPANYING THIS FACSMILE TRANSMISSION CONTAIN CONFIDENTIAL INFORMATION BELONGING TO THE SENDER WHICH IS LEGALLY PRIVILEGED. IF YOU ARE NOT THE INTENDED RECIPIENT YOU ARE HEREBY NOTIFIED THAT ANY DISCLOSURE, COPYING, DISTRIBUTION OR TAKING OF ANY ACTION IN RELIANCE ON THE CONTENTS OF THIS TELECOPIED INFORMATION IS STRICTLY PROHIBITED. IF YOU RECEIVED THIS FACSMILE IN ERROR PLEASE NOTIFY US BY TELEPHONE 304-369-5170 TO ARRANGE THE RETURN OF THE ORIGINAL DOCUMENTS TO US, THANKYOU.

FAXED

By: DA

Date: 11/16/01

500688.015.0363

MADISON MEDICAL, PLLC
705 MADISON AVENUE
MADISON, WV 25130
PHONE (304) 369-5170
FAX (304) 369-1742

Date: 11-16-01

WV WORKER'S COMPENSATION
P.O. BOX 431
CHARLESTON, WV 25322-0431

TO WHOM IT MAY CONCERN:

Please authorize the purchase of the following medications for this patient for the treatment of his/her compensable injury.

Sincerely, Dublin

Physician: Dr. John Snyder

Patient: Christopher Lester

SSN: [REDACTED] 3340

CLAIM NO.: 2000046841 DOI: 3-10-00

RX'S: Oxycontin 40mg i TID

For the treatment of: 847.0

FAXED

By: DA
Date:

11/16/01

auwh/01-01-96/*6

** NDOR COPY **

1024458

Bob Wise
Governor

Robert J. Smith
Commissioner



West Virginia Bureau of Employment Programs

• Job Service/Job Training Programs • Labor Market Information
• Unemployment Compensation • Workers' Compensation
an equal opportunity/affirmative action employer

August 29, 2001

MADISON MEDICAL PLLC
705 MADISON AVENUE
MADISON, WV 25130

CHRISTOPHER W LESTER SR
P.O. BOX 1113
DANVILLE, WV 25053

Re: Claim 2000046841
S.S.N. [REDACTED] 3340
D.O.I. 03/10/2000

PLEASE READ CAREFULLY - AUTHORIZATION WITHHELD

The request from Madison Medical/John Synder, DO, dated 08/09/2001, for Oxycontin 40mg is withheld pending detailed narrative with weaning and tapering plan previously requested by letter dated 04/02/2001.

physician was ask to submit weaning and tapering plan as authorization exceeds narcotic guidelines

If you have any questions or concerns, you may reach me at 304-926-5097.

CC: D & M TRUCKING CORPORATION INC
KOZAK JOHN H
RIAZ RIAZ UDDIN MD
VASS VOCATIONAL SERVICES

Workers' Compensation Division
BY: Nena Peay
Claims Representative 3/Senior

RECEIVED AUG 31 2001

Workers' Compensation Division - Office of Claims Management

West Virginia 25377-0431 • <http://www.state.wv.us/bep>

500688.015.0365



MADISON MEDICAL, PLLC
705 Madison Avenue • Madison, WV 25130
Phone (304) 369-5170 • Fax (304) 369-1742

Robert B. Atkins, M.D.
Family Practice

John Mark Snyder, D.O.
General Practice

November 28, 2001

Ron D. Stollings, M.D.
Internal Medicine, Geriatrics

Barbara J. Koster, MSN-RNC
Nurse Practitioner

Acordia Of WV
1 Hillcrest Drive East
P O Box 1551
Charleston, WV 25326

SSN: [REDACTED]-3340
RE: Christopher Lester

To Whom It May Concern:

I am writing this letter at the request of Christopher Lester. He would like to have an evaluation for gastric bypass procedure. Chris is presently 298 pounds at a height of 5'7" with progressive low back pain for which he is under the care of compensation for. Chris has tried numerous attempts in the past to lose weight. Due to his over increasing weight complicated by severe chronic low back pain, now narcotic requiring, I would appreciate approval for surgical consult for gastric bypass procedure. I think this is a reasonable alternative for Chris

Sincerely,

John M. Snyder, D. O.
JMS:bw

**DAY SURGERY CENTER
HISTORY AND PHYSICAL**

CHART # 3687

PATIENT: Christopher Lester **SS#:** ████████3340
ADDRESS: P. O. Box 1113 **DOI:** 03/10/00
Danville, WV 25053 **CL#:** 2000046841
PT'S DOB: ██████/71 **PH#:** 304-369-6657

EXAM DATE: February 28, 2001

REQUESTING CONSULTING PHYSICIAN: J. Mark Snyder, MD

EXAMINING PHYSICIAN: Francis M. Saldanha, MD

CHIEF COMPLAINT: Chronic low back pain, left shoulder pain, as well as some neck pain.

HISTORY OF PRESENT ILLNESS: Christopher Lester is a 29-year-old white male who was referred to me by Dr. Snyder. He suffered work-related injuries about a year ago. He suffered previous injuries in 1993, and was off for almost four and a half years. He was treated with trigger point injections, etc., by Dr. Nelson and eventually returned to work. He got hurt when he fell off a coal truck last March and has been under the care of Dr. Snyder. He has been off work since then. He is scheduled to follow up with Dr. Loinil regarding his left shoulder. He described chronic back pain, aggravated by increased walking, standing, twisting and bending, etc. He also noted that any range of motion involving the left shoulder girdle produced a lot of pain. He also has increasing pain in the neck.

REVIEW OF SYSTEMS: A review of systems indicates that he has problems with asthma. He has no hypertension, diabetes, bladder or bowel dysfunction.

NEURORADIOLOGIC WORKUP: His workup has been fairly extensive and it appears that his cervical and lumbar MRIs were negative for disc herniations, etc.

PFMSH: He used to work as a coal truck driver. He has had no surgical procedures in the past. There is no litigation pending and he does not smoke or consume alcoholic beverages.

CURRENT MEDICATION: His medications include OxyContin, Flexeril, Paxil and Anivan, prescribed by Dr. Snyder.

PHYSICAL EXAMINATION:

Vital signs: Blood pressure was 151/119, heart rate 89 and respiration 16

Appearance and Demeanor: Friendly and cooperative.

RECEIVED NOV 13 2001

3/13/01
204

500688.015.0367

History and Physical
RE: Christopher Lester
February 28, 2001
Page 2

Gait: Slow and painful.

Ability to perform calf raises and squat: He cannot perform calf raises or squat.

Orientation to time, place and person: Normal.

Tests of coordination (finger/nose): Normal.

Cranial Nerves:

III, IV and VI: Normal eye movements.

V: Normal sensation over face

VII: Facial grimace, symmetrical.

VIII: No hearing impairment.

XI: Shoulder shrug equal.

XII: Tongue in the mid-line.

Stance: Painful.

Skin examined for scars, psoriasis, eczema, tattoos, etc.: *Negative findings.*

Cervical adenopathy: None.

Peripheral vascular system examined for edema, swelling and varicose veins: *Negative findings.*

Cervical/Thoracic Spine Exam:

Inspected for stiffness, torticollis, deviation, scoliosis, etc: *Negative findings.*

Palpated for significant tenderness of the paraspinous muscles, facet joints, spinous processes, etc.: *Significant tenderness of the right paraspinous musculature.*

Range of Motion: Within normal limits.

Lumbosacral Spine exam: Inspected for guarding, spasm, scoliosis, lordotic curve reduction or exaggeration, etc.: *Negative findings.*

Palpated for significant tenderness of the paraspinous muscles, spinous processes and facet joints: *Significant tenderness of the lumbar facet joints on both sides.*

Range of Motion: *Significantly diminished in all directions.*

History and Physical
RE: Christopher Lester
February 28, 2001
Page 3

Seated straight leg raising test: Negative at 90° on both sides, representing a positive Waddell's sign.


Extremities checked for muscle tone, wasting, atrophy, tremors, etc.: Negative.

Motor function checked for muscle strength in all extremities: 5/5 muscle strength in both lower extremities and the right upper extremity. There is discomfort in the left upper extremity during muscle strength examination.

Sensory function checked for perception to touch and pinwheel stimulation: Normal responses.

Reflexes including bilateral biceps, triceps, patella and ankle: Within normal limits.

DIAGNOSIS/TREATMENT PLAN AND RECOMMENDATIONS: Lumbar facet arthropathy and cervical strain, left shoulder arthrosis. I recommend two sessions of facet joint injections in the back and trigger point injections in the neck. I'll proceed as soon as authorization has been obtained. I will defer any treatment regarding his left shoulder to Dr. Loimil. I recommend that Dr. Snyder continue his medications after the low back injections have been completed. I feel he may be deemed as having reached MMI regarding the low back, but that decision will have to be made by Dr. Snyder and Dr. Mir. FMS/las



Francis M. Saldanha, MD

D: 02-28-01
T: 03-05-01
cc: Christopher Lester
J. Mark Snyder, MD
Saghir, Mir, MD
WV Workers' Compensation

**DAY SURGERY CENTER
PROGRESS NOTES**

CHART # 3687

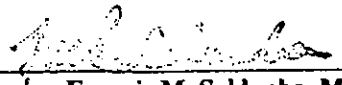
PATIENT: <u>Christopher Lester</u>	SS#: <u>████████ 3340</u>
ADDRESS: <u>P. O. Box 1113</u>	DOI: <u>03/10/00</u>
<u>Danville, WV 25053</u>	CL#: <u>2000046841</u>
PT'S DOB: <u>██████ 71</u>	PH#: <u>304-369-6657</u>

EXAM DATE: November 5, 2001

REQUESTING CONSULTING PHYSICIAN: J. Mark Snyder, MD

EXAMINING PHYSICIAN: Francis M. Saldanha, MD

FOLLOWUP: Christopher Lester is here for his trigger point injections. This is the last treatment. He states there is no doubt that the facet joint injections have given him good relief. I'd like to re-evaluate him in a couple of months and make a decision regarding further treatment at that time. He was discharged in good condition. FMS/las


Francis M. Saldanha, MD

D: 11-05-01
T: 11-05-01

**DAY SURGERY CENTER
PROGRESS NOTES**

CHART # 3687

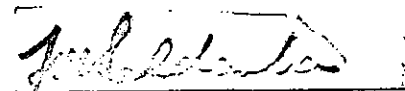
PATIENT: <u>Christopher Lester</u>	SS#: <u>██████ 3340</u>
ADDRESS: <u>P. O. Box 1113</u>	DOI: <u>03/10/00</u>
<u>Danville, WV 25053</u>	CL#: <u>2000046841</u>
PT'S DOB: <u>██████/71</u>	PH#: <u>304-369-6657</u>

EXAM DATE: June 20, 2001

REQUESTING CONSULTING PHYSICIAN: J. Mark Snyder, MD

EXAMINING PHYSICIAN: Francis M. Saldanha, MD

FOLLOWUP: Christopher Lester is not doing too well overall, but we are trying our best to help him. He had his facet injections performed today and he'll be back in two or three weeks for his final treatment. We'll reassess his progress at that time. FMS/las


Francis M. Saldanha, MD

D: 06-20-01
T: 06-20-01

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** VENDOR COPY **

1024458

Bob Wise
Governor

Robert J. Smith
Commissioner



West Virginia Bureau of Employment Programs

• Job Service/Job Training Programs • Labor Market Information
• Unemployment Compensation • Workers' Compensation
an equal opportunity/affirmative action employer

October 17, 2001

MADISON MEDICAL PLLC
705 MADISON AVENUE
MADISON, WV 25130

CHRISTOPHER W LESTER SR
P.O. BOX 1113
DANVILLE, WV 25053

Re: Claim 2000046841
S.S.N. [REDACTED]-3340
D.O.I. 03/10/2000

PLEASE READ CAREFULLY - AUTHORIZATION DECISION

The request from CHARLESTON PAIN MANA dated 10/16/2001, is Approved.
authorization for the last trigger point injection

Authorized Dates are 10/16/2001 through 01/16/2002.

Your authorization number is 300077483.

For procedures, such as surgery, that are authorized and require multiple providers, the attending physician should share the authorization number with those providers to assure payment of their bills.

If it is later determined you are not entitled to authorized services, payment will be recovered.

Any party to this claim may protest this decision within 30 days from the date you receive this letter. You must send a written protest, along with a copy of this order, to the Office of Judges, P.O. Box 2233, Charleston, WV 25328-2233 and to the Supervisor, Claims Defense Litigation, P.O. Box 4317, Charleston, WV 25364-4317. Copies must also be sent to all other parties to the claim.

After the protest is filed, all parties may negotiate a final settlement of any and all issues in a claim, excluding medical benefits. To inquire about settling this claim, contact Workers' Compensation Internal Management Services, Settlement Unit, at P. O. Box 3587, Charleston, WV 25336-3587.

If you have any questions or concerns, you may reach me at 304-926-5097.

CC: D & M TRUCKING CORPORATION INC

Workers' Compensation Division
BY: Nena Peay
Claims Representative 3/Senior

KOZAK JOHN H
RIAZ RIAZ UDDIN MD
CHARLESTON PAIN MANAGEMENT CONS I
VASS VOCATIONAL SERVICES

RECEIVED OCT 22 2001

Workers' Compensation Division - Office of Claims Management

1000 1st Ave. S.E. Charleston, WV 25304-0121 • <http://www.state.wv.us/then>

DH

500688.015.0372

Page 2 - Psychiatric IME Evaluation

RE: Christopher Lester

Date: 09/18/01

8)Member of the American Psychiatric Association, American Medical Association, American Academy of Psychiatry and Law.

9)Clinical Faculty West Virginia University School of Medicine, Director of Forensic Psychiatry Education Program, Charleston Division

10)Clinical Faculty Forensic Psychiatric Fellowship West Virginia School of Medicine, Department of Behavioral Medicine and Psychiatry, Morgantown Division

11)Adjunct Faculty, Mental Health Law, West Virginia University College of Law

REVIEW OF RECORDS: I reviewed the accompanying medical records and past medical/psychiatric records in their entirety.

The forensic psychiatric examination consists of taking the history of the accident, including past medical history, family history, and social history. In addition a mental status examination was performed. This consisted of a face to face qualitative mental status examination, as well as the administration of standardized mental test instruments. Finally, available medical records were reviewed, data analyzed, and findings reduced to a report.

CHIEF COMPLAINT: Mr. Lester reports chronic pain in his low back, left shoulder, neck, numbness in his legs, crying spells, irritability and feeling worthless.

HISTORY OF PRESENT ILLNESS: This is a 29 year old married male who was injured March 10, 2000 when he was employed as a truck driver. He stated "I got on the truck, I fell backwards and hit the back of my head on the cinder. I woke up wondering what I was doing under the truck. I was told I was unconscious for 45 to 55 minutes".

He identified hitting his head on a truck which was parked beside his truck. He reported injuring his left shoulder, his back and his right neck.

Since the injury of 03/10/00 he has experienced chronic back pain, recurring headaches and the buckling of his legs. He stated "Last November I fell and broke four ribs. One month ago I fell and bruised my left hip. I have trouble with my legs going numb".

The claimant has received medical intervention from Dr. Snyder including physical therapy, utilization of a cane, analgesics, treatments of a narcotic and non-narcotic nature, muscle relaxants, and radiological evaluation. An audiogram showed some hearing loss bilaterally but no evidence of fracture or direct injury to the internal canal. MRI of the shoulder was negative. Previous injury of T11-12 fracture was noted in 1994. X-rays of the left shoulder and acromioclavicular joint were done and read as being normal. MRI of the cervical and lumbar spine were read as negative for disc herniation. Nerve conduction studies of the upper extremity by Dr. Pratt were negative. MRI of the left shoulder showed no evidence of pathology. Finally, the claimant has been treated by Dr. Saldanha at the pain clinic who recommended facet joint injections to the low back and trigger point injections for the neck. Lastly, he was seen by Dr. Mir on 06/26/01 who diagnosed cervicodorsal and left scapular strain with cervical root irritation, lumbosacral strain, sprained left shoulder and AC joint, blunt trauma to the left rib cage, sprain of left knee, cerebral concussion. He opined the claimant would benefit from vocational rehabilitation with an FCE

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Page 3 - Psychiatric IME Evaluation

RE: Christopher Lester

Date: 09/18/01

recommended. He felt the claimant was not totally disabled and had reached a maximum degree of medical improvement from a physical perspective.

It is noted that the claimant had an injury in 1994, a T11-12 fracture, and subsequently missed three years of work. He had an 11% impairment award from this injury.

From a psychiatric/psychological standpoint Mr. Lester reports depressed mood state, decreased disruptive sleep of 2-3 hours per night, fluctuating appetite, decreased energy, increased crying spells, increased irritability, and passive suicidal ideation. He had a plan to shoot himself in the past with a gun but did not do it secondary to thoughts of his children. He notices that he is easily irritated, especially around large noises. He identified being able to cope better with decreased irritability and improved mood state to some extent with antidepressant medication. He reports some difficulty with attention, concentration and forgetfulness. Mr. Lester stated "I have been going to the pain clinic but it doesn't help. I get irritable and depressed. I accidentally use the bathroom on myself. I have been on Paxil, Valium, Pamelor, Vistaril, now I am on Effexor and if it doesn't work any better we are going to have to change the medication".

Mr. Lester was seen for Social Security Administration evaluation and reconsidered and subsequently granted benefits on August 6, 2001. Recommendations were in large part related to the evaluations of Riaz Riaz, M.D., Psychiatrist, and Mari Sullivan-Walker, MA, Licensed Psychologist. It was opined by those evaluators that the claimant had a diagnosis of major depressive disorder, severe, generalized anxiety disorder and borderline intellectual functioning. It was felt that he was unable to obtain sustained gainful employment due to his psychiatric and physical problems. Intellectual testing by Dr. Riaz and Associates revealed an IQ score of 79 (April 9, 2001 evaluation). Verbal score was 85, performance score of 76. (This is inconsistent with the current intellectual functioning results of 09/18/01 which revealed a full scale IQ of 90, verbal IQ of 81 and performance IQ of 103). Nevertheless, the claimant was diagnosed by those evaluators as having borderline intellectual functioning and a learning disorder NOS. It was further opined by Dr. Riaz that the claimant was unable to follow work rules related to coworkers, deal with the public, utilize judgement, interact with supervisors, deal with work stressors or function independently. Therefore, it was ruled the claimant had marked restrictions of activities of daily living.

REHABILITATION AGENCY INVOLVEMENT: The claimant was released to light duty work, however, the employer stated that he did not currently have light duty positions available (04/18/00). He was referred to rehab services on 04/02/00.

PERSONAL HISTORY: The claimant does not use alcohol or illicit drugs in an abusive or dependent fashion. He denied smoking tobacco. Activities of daily living are described as dependent on his spouse with her assisting him in grooming and dressing, preparing and obtaining food. He reports he cannot perform basic physical activities for any length of time due to pain with squatting and twisting. He reports difficulty with thinking, understanding, emotional functions, communication, sensory feeling in his legs and back, hand functions including grasping, travel, home care, sleep and recreational activities. He attempted to fish but it hurt his back. He will occasionally go to church but he does not like being around other people. He reports significant decreased libido since his injury. Past trauma history is significant for

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Page 4 - Psychiatric IME Evaluation

RE: Christopher Lester

Date: 09/18/01

a house fire, motor vehicle accident, death of his sister, mother and father-in-law, injury on the job and a home accident. The claimant perceives himself as 100% disabled with regard to family home responsibilities, recreation, occupation, sexual behavior, 90% disabled in self care and life support activity and 80% disabled with regard to social activity.

PAST MEDICAL HISTORY: Past medical history is significant for injury to his back, neck, shoulders and cerebral concussion on 03/10/00. The claimant also has a history of a thoracic spine injury in 1994.

CURRENT TREATING PHYSICIANS: Dr. Riaz Riaz, psychiatrist; Dr. Snyder.

PAST PSYCHIATRIC HISTORY: Mr. Lester reports preexisting psychological counseling regarding marital issues in 1992. Family history of psychiatric illness is unremarkable. He has been in treatment with Riaz Riaz, M.D., psychiatrist, since April 9, 2001 as well as in counseling. He reports he has had minimal benefit as a result of psychiatric medication and therapy. Past inpatient psychiatric history is unremarkable.

CURRENT MEDICATIONS: Oxycontin, Flexeril, Pamelor, Effexor 75 mg "2-3 times a day", Vistaril.

ALLERGIES: No known drug allergies.

PRIOR WORK RELATED INJURIES: 08/10/94 back injury 10% award; 02/10/01 back, neck, shoulder, head 20% award.

DEVELOPMENTAL HISTORY/HISTORY OF FAMILY OF ORIGIN/SOCIAL HISTORY: Claimant is married to his 28 year old wife, April, of 6-1/2 years. He lives at home with his wife, his son, Christopher, age 4, and his son, Samuel, age 2. His daughter, Kendall Blankenship, age 7, lives with him part-time. He provides a past history of being diagnosed with a learning disability, however, not until February 2001. He denied psychiatric symptoms prior to that following his injury. He has been married on two occasions. Family history of psychiatric illness is denied. Childhood was described as stable without physical, sexual or emotional abuse. Recent stressful events have included his daughter moving to South Carolina, serious arguments in the home, death of family members, bad behavior of family members, personal injury, sexual difficulties, disability and financial stress. Claimant was born in Madison, raised in Hewett, West Virginia. Parents are living. He has one brother and four sisters. He is the youngest child. He completed the 12th grade and received a diploma with a 2.58 grade point average. He reports allergies to dogs, cats and dust mites. Past military history is unremarkable. Past legal history is reported as "harassment".

Mr. Lester has received training in emergency medical technology and electrical building. His work has mostly consisted of truck driving.

OCCUPATIONAL HISTORY: The claimant reports a stable work history as a truck driver for 3-1/2 years. He denied having a good relationship with coworkers and supervisors, stating he ceased work due to pain and nerve difficulties. He believes he is unable to return to work due to pain. "My back hurts". He did not make any attempt to return to work. He stated "I would love to be able to go to work if my

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